

(1) PLACE OF BIRTH

County of LenoirTownship of Unionville

or Town of

or City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4168

For Only

Registration District No. 2-15 Registered No. 9

(For use of Local Registrar)

For

Ward)

(2) Full Name of Child Dorothy May Hobbs

If child is not yet named, make supplemental report as directed

make
directed(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 19, 1921

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph B. Hobbs(9) PRESENT POSTOFFICE OF FATHER Unionville, N.C.(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 24

(Years)

(12) BIRTHPLACE Lenoir Co., N.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(16) NAME BEFORE MARRIAGE Miss Carrie Leath(17) PRESENT POSTOFFICE OF MOTHER Unionville, N.C.(18) COLOR OR RACE W.(19) AGE AT LAST BIRTHDAY 16

(Years)

(20) BIRTHPLACE Whitehills, N.C.(21) OCCUPATION Housewife(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 5:15 P.M. (Hour A. M. or P. M.) on the date above stated.(24) (Signature) R. H. Russell

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Physician Unionville, N.C.

Given name added from a supplemental report

(27) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(28) File Jan. 26, 1921(29) R. H. Russell Local Registrar

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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